REMARKS/ARGUMENTS

Claims 1-9, 11-15, 18-22, and 26 remain in this application. Claims 10, 16, 17 and 23-25 have been canceled.

With this amendment, claims 1, 2, 6, 7, 9, 14, 18-20, and 26 have been amended to more particularly point out and distinctly claim certain aspects of applicant's inventive subject matter.

Claims 16, 18, 19, and 26 were rejected under 35 U.S.C. § 102 in view of Evans. Claim 16 has been canceled. Claims 18 and 19 now depend from independent claim 1 and are discussed below.

Regarding claim 26, the Examiner states that Evans discloses an automated medical diagnosis reporting system comprising a patient demographic component, means for selecting a patient record, a medical procedure component allowing the association of medical procedures with a patient record, an image capture component for the capture and storage of image data in association with a patient record, a display component, and a diagnosis component for associating diagnostic information with a patient record comprising a catalog of diagnoses, means for selecting a diagnosis from the catalog, and a diagnosis editing component allowing the customized editing of the selected diagnosis by medical personnel and storage of the edited diagnosis.

Claim 26 has been amended to more particularly define the diagnosis editing component to include editing means comprising word processing, dictation, and /or retrieving textual information from an external source. The diagnosis editing component of amended claim 26 further allows the storage of said edited diagnosis in association with medical personnel. In contrast, the diagnosis entry component of Evans consists

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merely of allowing the user to select one or more diagnosis codes and displaying the textual diagnosis associated with the selected code(s). Evans does not disclose a diagnosis editing component for changing the textual diagnosis associated with a selected code or for allowing customization of diagnoses in any way beyond an annotation by medical personnel in the patient record itself. In a preferred embodiment (as described on page 6, lines 6-11), the present invention allows a physician to store customized diagnoses in the catalog of standard diagnoses or other storage and associates the information with the physician.

A further aspect of the present invention distinguishing it from Evans is the use by the physician of a variety of editing options. For the convenience and according to the preference of the physician or medical personnel, the present invention allows editing through word processing, dictation and speech recognition, and insertion of textual data from external sources, such as medical reference CD's or the Internet. The information from external sources can be included by a physician in editing and storing customized diagnoses in the standard catalog of diagnoses or other storage associating the diagnostic information with the physician, as described above. Independent claim 26 has been amended to more particularly point out this aspect of the invention.

The Examiner references col. 10, lines 30-45 and col. 9, line 10 of Evans as disclosing retrieval by a physician of diagnostic information from an external source. Applicant respectfully notes that Evans references a data interface for retrieval and conversion of patient information previously entered in an outside system. There is no disclosure of access to medical reference data by a physician for the purpose of building a diagnosis.

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The image capture component of claim 26 is another element distinguishing the present invention from the Evans patent. The Evans patent is focused on automating medical records and discloses including previously collected physical documents or graphic images (by means of a scanner, for example) in the medical record. In a preferred embodiment (as described on page 11, lines 12-16), the present invention discloses the collection of image data, such as X-rays, using a video graphics card and associated software as well as the capability to manipulate and view the collected image data.

For the above reasons, independent claim 26 is patentably distinct from the Evans patent.

Claims 1, 3, 5-8, 11, 20-22, and 24 were rejected under 35 U.S.C. § 103(a) in view of the combination of Evans and Lavin et al. Claims 2, 9, 14, 15 and 17 were rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Hemphill. Claim 4 was rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Knaus. Claims 12 and 13 were rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Sullivan. Applicant submits that the amended claims patently define the present invention over any combination of the art of record for at least the reasons set forth below.

Regarding independent claim 1, the Examiner states that Evans discloses an electronic medical records system having a patient demographics component, means for selecting a patient record for display, a medical procedure component, a medical personnel component, means for assigning medical procedure records to the selected patient record, means for assigning personnel records to medical procedure records, a

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display component for display of selected patient records and corresponding medical procedure and personnel information, an image capture component and means for assigning image data to the selected patient record, as well as means for displaying image data, and a diagnosis component for associating diagnostic information with assigned medical procedures.

The Examiner further references Lavin as teaching a standard diagnosis entry component allowing insertion of a selected disease into a catalog of standard diagnoses.

Independent claim 1 has been amended to more particularly define the diagnosis component of the present invention to include diagnosis display, diagnosis selection from a catalog of standard diagnoses, editing of the selected and displayed diagnosis by various methods, and allowing storage of the edited diagnosis in the catalog of diagnoses as well as allowing the association of that diagnosis with particular medical personnel. The diagnosis entry component of Evans consists merely of allowing the user to select one or more diagnosis codes and displaying the textual diagnosis associated with the selected code(s). Lavin discloses clinical analysis means to allow a user to record progress notes and update diagnosis data during patient visits and provides for storage of the edited information in association with a particular patient.

Independent claim 1 of the present invention as amended can be distinguished from the combination of Evans and Lavin for the following reasons. Claim 1 recites a customized diagnosis storage component for associating an edited diagnosis with a medical personnel record. The edited diagnosis can be resaved as a standard diagnosis or as an independently searchable customized diagnosis, allowing each physician/user to maintain an easily accessible personalized diagnosis list. As indicated on page 3, lines

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10-12 of the application, it is an object of the present invention to allow a doctor to maintain a personalized standard diagnosis for a given condition. In describing diagnosis selection, the application further states on page 12, lines 4-7, that the doctor may select a diagnosis that is standard for the system or standard as customized by the physician and previously resaved as "his personal form diagnosis for a particular selection." As indicated on page 11, the system allows searching using a multiple level index. Selection can be made by body part or medical condition, among other things. Thus, a physician can easily find his or her previously customized diagnosis for a specific medical condition, for instance, without reference to a particular patient, visit, or procedure. Independent claim 1 has been amended to more particularly point out this aspect of the invention.

The physician's progress notes for a particular patient visit referenced in Lavin may be saved in the system's database in association with the particular patient and visit. Although physician identification is included with this data, such diagnostic information as is recorded in the physician's notes is not available for later selection of a standard diagnosis for that physician for a given condition. As stated in col. 9, lines 56-57 of Lavin, the information is retrievable using patient identification data. The diagnosis table disclosed in Lavin, although called a Customized Diagnosis table, is merely a list of diagnoses associated with industry standard codes to be used by the physician during the "diagnosis/fee stage." (See Lavin, col. 13, lines 20-44) There is no mechanism for recording the progress notes of the visit, i.e. the edited diagnosis, in the table of standard diagnoses or as a customized diagnosis for a particular condition for later reference by the individual user/physician who customized the diagnosis.

A further aspect of the present invention distinguishing over the combination Evans and Lavin is the use by the physician of a variety of editing options including the insertion of textual data from external sources such as medical reference CD's or the Internet. This external information can be included by a physician in editing and storing customized diagnoses in the standard catalog of diagnoses or other storage associating the diagnostic information with the physician, as described above. This aspect of the present invention as distinguished from Evans is discussed above. Including information from an external source in refining a customized diagnosis is not taught by Lavin or any other reference cited by the Examiner. Independent claim 1 has been amended to more particularly point out this aspect of the invention.

The customized diagnosis report of the present invention is described on page 13, line 28 through page 14, line 2. Unlike Evans which discloses a point of care medical records system and contains no teaching or suggestion for editing or refining diagnoses, the present invention is primarily concerned with building diagnostic reports.

The image capture component of independent claim 1 is another element distinguishing the present invention from the combination of Evans and Lavin. This aspect of the present invention as distinguished from Evans is discussed above. An image capture component for the collection of image data is not taught by Lavin or any of the references cited by the Examiner.

Independent claim 1 is thus patentably distinct from the combination of Evans and Lavin. Claims 2-9,11-13, 18 and 19, which depend from claim 1, also recite a customized diagnosis storage component for associating an edited diagnosis with a medical personnel record, retrieval of external diagnostic information, and an image

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capture component. For at least these reasons, claims 3, 5-8, 11, 18 and 19 also patentably define the present invention over the combination of Evans and Lavin.

Claims 2 and 9 were rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Hemphill. Hemphill was referenced by the Examiner as teaching the use of speech recognition in combination with Evans to translate a physician's dictation to textual data for incorporation into a patient record. This secondary reference does not supply the deficiencies noted above. Thus, claims 2 and 9 patentably define the present invention over the combination of Evans, Lavin, and Hemphill.

Claim 4 was rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Knaus. Knaus was referenced by the Examiner as teaching transmission of a report by facsimile. This secondary reference does not supply the deficiencies noted above. Thus, claim 4 patentably defines the present invention over the combination of Evans, Lavin, and Knaus.

Claims 12 and 13 were rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Sullivan. Sullivan was referenced by the Examiner as teaching an editable status field in an automated medical record. This secondary reference does not supply the deficiencies noted above. Thus, claims 12 and 13 patentably define the present invention over the combination of Evans, Lavin, and Sullivan.

Claims 14, 15 and 17 were also rejected under 35 U.S.C. § 103(a) in view of the combination of Evans, Lavin, and Hemphill. Claim 17 has been canceled. Independent claim 14 has been amended to more particularly define the diagnosis component of the present invention as allowing the association of an edited diagnosis with particular
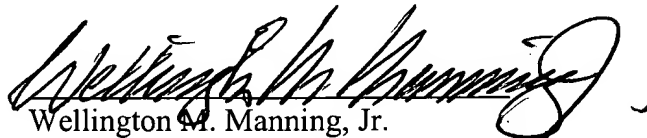
medical personnel in independently searchable storage. Claim 14 also recites an image capture component. Referencing the above arguments, applicant respectfully submits that claim 14, as well as claim 15 depending from claim 14, patentably define the present invention over the combination of Evans, Lavin, and Hemphill.

As listed above, claims 20-22, and 24 were rejected under 35 U.S.C. § 103(a) in view of the combination of Evans and Lavin. Claim 24 has been canceled. Independent claim 20 has been amended to recite the step of associating the edited diagnosis with particular medical personnel. Claim 20 also discloses retrieving information from an external source for use in editing a selection diagnosis, as well as retrieving image data for association with selected medical procedures. Referencing the above arguments, applicant respectfully submits that claim 20, as well as claims 21 and 22 depending from claim 20, are also patentably distinct from the combination of Evans and Lavin.

Applicant respectfully submits that all of the pending claims are allowable over the art of record and favorable action thereon is respectfully requested. The Examiner is encouraged to call the undersigned to resolve any remaining issues.

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